

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

SERIAL NO. 10/030550 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	13					
TOTAL DEP.	17	↓	↓	↓		
TOTAL CLAIMS	30					

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IND.	DEP.	IND.	DEP.
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TOTAL IND.		↓	
TOTAL DEP.		↓	↓
TOTAL CLAIMS			

BEST AVAILABLE COPY